

SRI AUROBINDO COLLEGE OF NURSING



(TamilNadu Government G.O (MS).No. 139 H & FW(PME) Dept. Dt. 20.04.2007)
Approved by : TamilNadu Nursing Council, Chennai & Indian Nursing Council, New Delhi.
Affiliated to The TamilNadu Dr. M.G.R. Medical University, Chennai.

Aurobindo Nagar, TNPL Road, Punnamchatram, Karur - 639136.
Ph : 04324-279700, Cell : 96266 48815

Affix your
Passport Size
Photo

APPLICATION FORM

FOR ADMISSION TO **B.Sc (N) / POST BASIC B.Sc. NURSING DEGREE COURSE**

Application No.

COURSE :

1. Name
(CAPITAL LETTERS)

2. Father's Name

:

3. Mother's Name

:

4. Age & Date of Birth

:

Age

5. Sex

:

MALE

FEMALE

6. Blood Group

:

7. Willing to Donate Blood : YES

NO

8. Nationality :

9. Religion :

10. Community Certificate Details : SC / ST / BC / MBC / OC

Community Certificate No

Issued By :

Taluk :

Date :

17. Father's Occupation & Annual Income : _____

18. Guardian's Name & Relationship : _____

19. Address of the Guardian

Pincode :

Phone :

Mobile :

E-mail :

20. Extra Curricular Activities : _____

21. Language Known : _____

22. Identification Marks :

a.

b.

23. I hereby declare that the above given information is true to my knowledge and belief.

Date :

Signature of Candidate

ENCLOSURES

- (i) Application Form :
- (ii) Transfer Certificate :
- (iii) +2 Mark Statement (or) HSC Statement :
- (iv) 10th Mark Statement (or) SSLC Statement :
- (v) Community Certificate :
- (vi) Migration Certificate :
- (vii) Aadhar Xerox copy :
- (viii) Bank pass book first page with photo :
- (ix) Aadhar bank link details :
- (x) DGNM Certificate :
- (xi) Experience Certificate :
- (xii) RN & RM Certificate :
- (xiii) Medical Fitness :
- (xiv) Mark sheet (DGNM) :
- (xv) First Graduates Certificate :

GENERAL INSTRUCTION

1. Application to be filled in by the Student.
2. Use only Blue / Black Ball Pen
3. All Columns should be filled.
4. Colour Photos of 3½ x 4½ cm size with white background.
5. Write in Capital Letters only.

DECLARATION BY THE PARENTS

I shall be responsible for the payment of all fees and shall not ask for refund of fees paid in case of discontinuation of the course / cancellation of admission of my ward.

I shall also stand responsible for the conduct and good behaviour of my ward and see to it that she / he attends class tests and viva regularly during the period of her / his College studies.

I understand that a student may be asked to leave the College at any time for misbehaviour and irregular attendance.

Place :

Date :

Signature of Parent / Guardian

For office use only

Verified and found correct

The candidate may / may not be admitted to _____ course

Correspondent

Principal